

Work Order ID 99630-1

July-18-13 10:57:57 AM

646.3713

99630-1

Page 1

Item ID: 646.3713

B 99630-1 Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: GUSSET

Start Date: 7/18/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 7/19/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
646.3700	A

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: _____

Prog Rev: _____

2-Deburr if necessary

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

0.00

See 99630 ATTACHED
closed in error

July-18-13 10:57:57 AM

Item ID: 646.3713

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: GUSSET

Start Date: 7/18/13 **Start Qty:** 10.00 ***10***

Cust Item ID:

Required Date: 7/19/13 **Req'd Qty:** 10.00 ***10***

Customer:

Reference:

Run Start *NR1*

Approvals: _____ **Process Plan:** _____ **Date:** _____ **Tooling:** _____ **Date:** _____

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

130 QC8- Inspect parts - second check

0.00

130

0,00

QC Memo

Quality Control

140 Bend as per dwg

0.00

140

0.00

Brake NC Memo

Brake NC

150 QC5- Inspect part completeness to step on W/O

0.00

150

0.00

QC Memo

Quality Control

Work Order ID 99630-1

99630-1

Page 3

July-18-13 10:57:57 AM

Item ID: 646.3713 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: GUSSET
 Start Date: 7/18/13 Start Qty: 10.00 *10* Cust Item ID:
 Required Date: 7/19/13 Req'd Qty: 10.00 *10* Customer:
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
160									
Outsource4	Memo	0.00							
Outsource process - Anodize	Issue P/O to ATG : <u>20210</u>								
	1- Black Anodize as per Dwg 646.3700								
	2- PRIME AS PER DWG, SEE NOTE #2								
	Certification of Comformity is required								
170	Receive & Inspect for Damage & Mat'l Certs	0.00							
170									
Packaging	Memo	0.00							
Packaging									
180	QC5- Inspect part completeness to step on W/O	0.00							
180									
QC	Memo	0.00							
Quality Control									

(Signature) 7/18/13 (11)

Work Order ID 99630-1

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July-18-13 10:57:57 AM

Item ID: 646.3713 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: GUSSET
 Start Date: 7/18/13 Start Qty: 10.00 *10* Cust Item ID:
 Required Date: 7/19/13 Req'd Qty: 10.00 *10* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
210	Identify as per dwg & Stock Location: <u>8535</u>	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV***								
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

W1 3007.13

Picklist Print

July-18-13 10:57:57 AM

Page 1

Work Order ID: 99630-1

Parent Item: 646.3713

Parent Item Name: GUSSET

Start Date: 7/18/13

Required Date: 7/19/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M6061T6S.063		Purchased	No			110	sf	490.3755	0.299	3.1473684			
6061-T6 .063 Sheet													

Location

Loc Qty

Loc Code

MAT021

490.3755

123135

120.2625

124003

75.113

125431

7

M126075

288

Work Order ID 99630

99630

Page 1

April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gusset

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date: 1304-16

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr

Revision Nbr

646.3700

A

110

0.00

110

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

12 0

Jm13-4-18

120

QC2- Inspect parts off machine FAI/FAIB

0.00

120

QC

Memo

0.00

Quality Control

12 0

Jm13-4-18

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
--	---	---	--	---

Work Order ID 99630

99630

Page 2

April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gusset

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

QC8- Inspect parts - second check

0.00

DAS
27
2.00

12

130

QC

Memo

0.00

13419

Quality Control

140

Bend as per dwg

0.00

140

Brake NC

Memo

0.00

Brake NC

11-5-2

PTO

SB 13/04/23

150

QC5- Inspect part completeness to step on W/O

0.00

DAS
27
2.00

150

QC

Memo

0.00

13423

Quality Control

11

NCR: ☒ Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: SW Date: 13/08/06QA Closed: SW Date: 13/8/11

Work Order: <u>99630</u> Part No. <u>B644-3713</u> NCR No. <u>13-2903</u>				DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input checked="" type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
---	--	--	--	--	--	--	--	--	--	--	--

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>	13/04/23	140	1	1 part ramp out of tolerance at the set-up QTY ① K-C process / 1st time	DAS 16 9-8 05/04/23 13/04/23	Scrap - destroy W= replace <div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> 14.27 </div>	SB 13/04/23	DAS 27 8-0 13/04/23	DAS 16 9-8 05/04/23 13/04/23
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input checked="" type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

Berly **FAULT CATEGORY**

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized
☐ Over/Under tolerance
☐ Part Incorrect
☐ Part Lost/Missing
☐ Part Moved
☐ Positioned Wrong
☐ Power Loss/Surge

☐ Pressure/Forced
☐ Temperature/Cure
☐ Weld
☐ Wrong Stock Pulled
☐ Other

Work Order ID 99630

99630

Page 3

April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gusset

Start Date: 5/24/13 Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13 Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160	Outsource process-Anodize per QSI017 4.1.10.1	0.00							
160									
Outsource4	Memo	0.00							
Outsource process - Anodize	ISSUE P/O: 20215 HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)								
170	Receive & Inspect for Damage & Mat'l Certs	0.00							
170									
Packaging	Memo	0.00							
Packaging									
180	QC5- Inspect part completeness to step on W/O	0.00							
180									
QC	Memo	0.00							
Quality Control									

0213/06/18

13/2/18 (11)

1/

13218

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>		AGAINST DEPARTMENT/PROCESS						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												
FAULT CATEGORY												
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other			

Work Order ID 99630

99630

Page 4

April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Gusset

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190		0.00							
190									
SprayPaint	Memo	0.00							
Spray Painting	PRIME IAW MIL-P-23377J TYPE1 CLASS N AS PER DWG. (SEE NOTE 2)								
	CARDINAL 4860-50 PRIMER BATCH: 125452								
200	QC14- Inspect Spray Paint	0.00							
200	QC								
QC	Memo	0.00							
Quality Control									
210	Identify as per dwg & Stock Location:	0.00							
210									
Packaging	Memo	0.00							
Packaging	***IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND REV***								

CD 13/06/158

10

13618

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-around;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
Setup <input type="checkbox"/>												
Other <input type="checkbox"/>												
Process <input type="checkbox"/>												
Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
Unapproved <input type="checkbox"/>												

FAULT CATEGORY										
Landing Gear			General							
<input type="checkbox"/> Bending	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Cracks	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Wave/Twist in Tube
<input type="checkbox"/> Bend	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Burrs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Countersink	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Drawing	<input type="checkbox"/> Finish	<input type="checkbox"/> Folio
<input type="checkbox"/> Grain	<input type="checkbox"/> Hardware	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Misread	<input type="checkbox"/> Offset	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced	<input type="checkbox"/> Temperature/Cure	<input type="checkbox"/> Weld	<input type="checkbox"/> Wrong Stock Pulled
<input type="checkbox"/> Other										

Work Order ID 99630***99630***

Page 5

April-11-13 2:26:08 PM

Item ID: 646.3713

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Gusset

Start Date: 5/24/13

Start Qty: 10.00

10

Cust Item ID:

Required Date: 5/24/13

Req'd Qty: 10.00

10

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

220

QC

Memo

0.00

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

Page 1

April-11-13 2:26:08 PM

Work Order ID: 99630

Parent Item: 646.3713

Parent Item Name: Gusset

Start Date: 5/24/13

Required Date: 5/24/13

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.22 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

M6061T6S.063		Purchased	No			110	sf	232.8625	0.299	3.147368			
6061-T6 .063 Sheet													

JMB-07-30

Location	Loc Qty	Loc Code
----------	---------	----------

MAT021	232.8625	
123135	120.5625	
124003	112.3	

124003

124003

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

Parent Item ID	Reason	Lot Qty	Lot Nbr	Lot Trans Date
M6061T6S.063	99630	-3.5	124003	4/18/13 17:27

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03702				SHEET 1 OF 2	
	DWG NO. 646.3700	REV: A	PREPARED BY B. PETERS	DATE: 11/15/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: SHEETMETAL					
APPROVED BY: ENGR <i>[Signature]</i>		MFG <i>[Signature]</i>		QC <i>[Signature]</i>	EFF: NEXT ORDER	
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: ADDED ALTERNATE MATERIAL AND REVISED REFERENCE DIMENSIONS				EOR: D-12-010

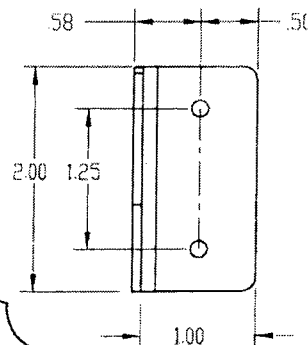
SHEET 1, ZONE A2 IS:

99630
12/13-04-16

IS

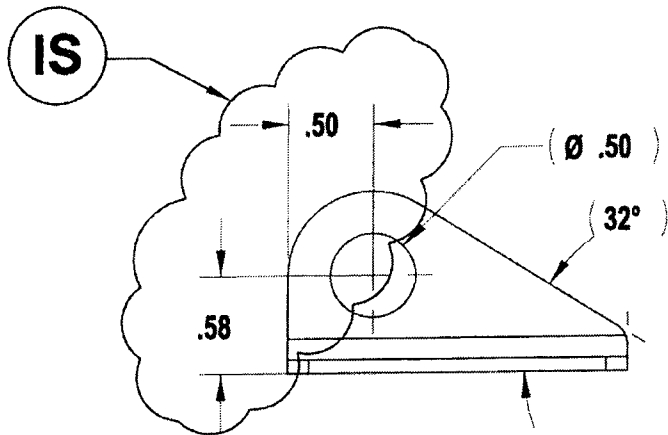
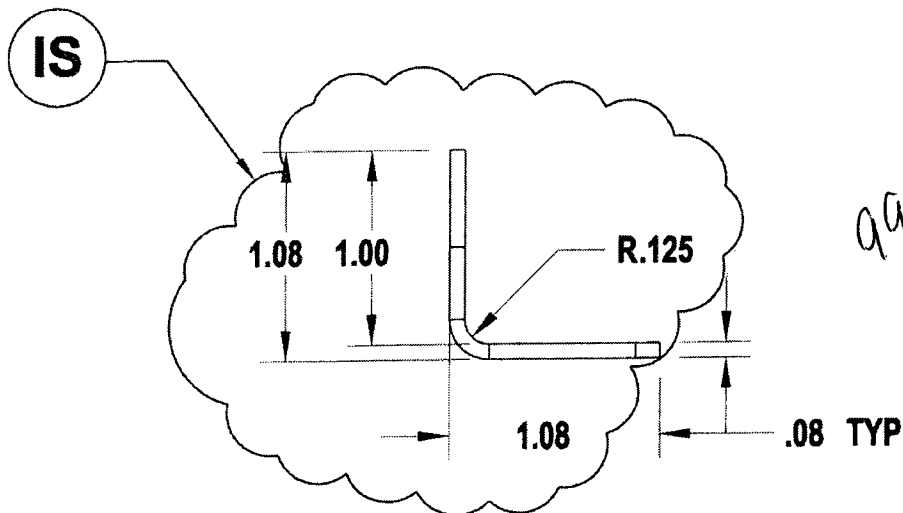
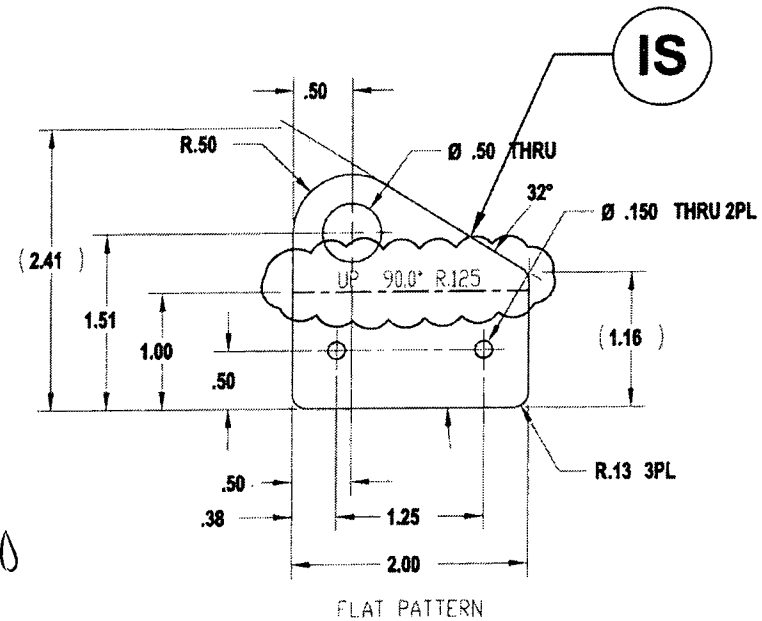
⚠ PRIMARY MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
ALTERNATE MATERIAL: SS 17-4 PH PER AMS 5604

IS



SHEET 7, ZONE B1 IS:

F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL	SPECIFICATION
DOCUMENTS EFFECTED:				<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	DER REVIEW REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

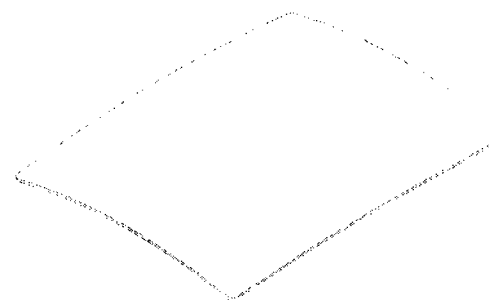
**SHEET 7, ZONE C4 IS:****SHEET 7, ZONE D1 IS:****SHEET 7, ZONE B7 IS:**

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REV.	DESCRIPTION	DATE	APPROVED
1	UNINCORPORATED ECN(S)	01-05-79	RECEIVED

NOTES:

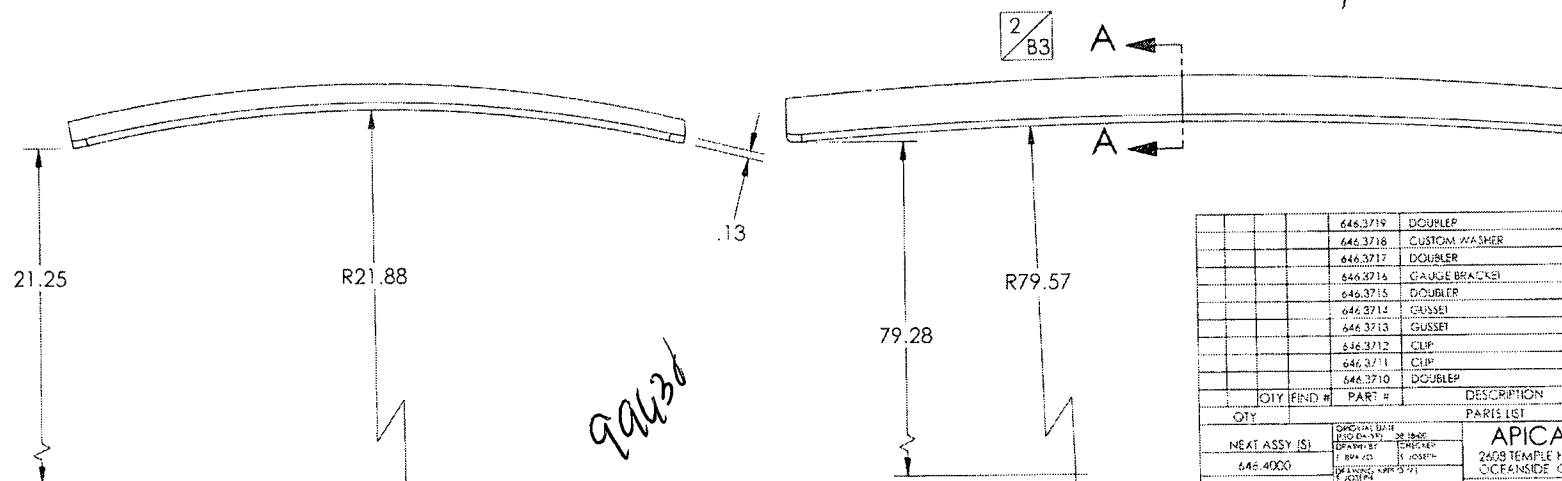
- 1 MATERIAL: ALUMINUM 6061-T6 PER AMS-QQ-A-250/11
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER PRIME IAW MIL-P-23377J TYPE I CLASS N
- 3 MATERIAL: 17-4 PH AMS 5604, CONDITION H900
- 4 FINISH: PRIME IAW MIL-P-23377J TYPE I CLASS N
5. DEBURR AND BREAK ALL SHARP EDGES
6. IDENTIFY IAW MPP-120



646.3710

UNINCORPORATED ECN(s)

03702



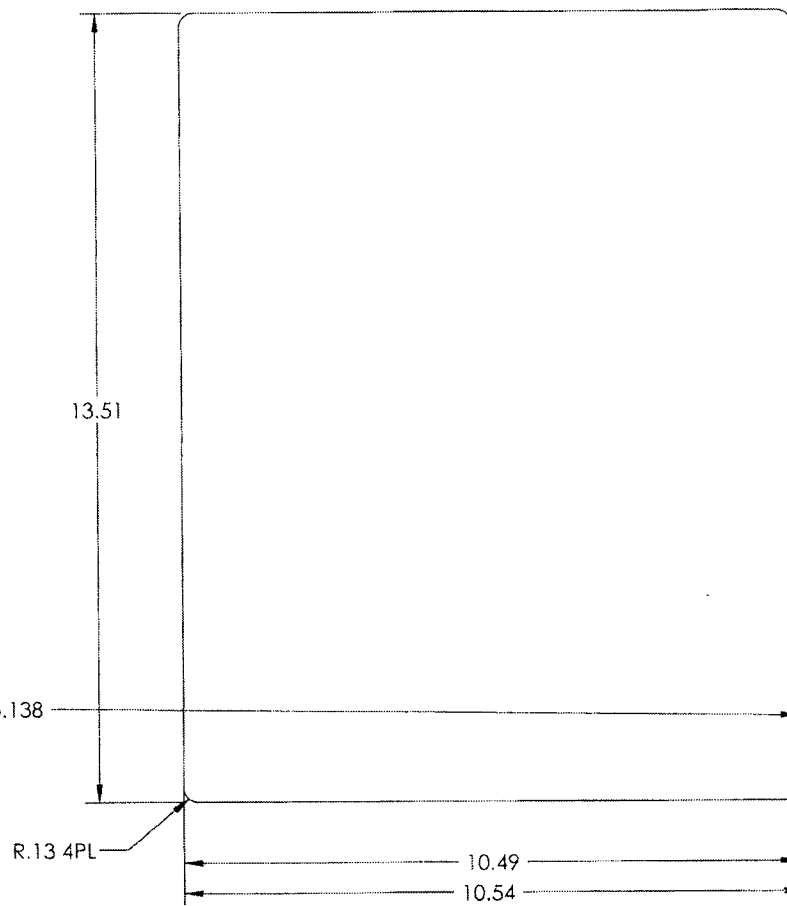
QTY	REV #	PART #	DESCRIPTION	MATL	SPEC.
		646.3719	DOUBLER		
		646.3718	CUSTOM WASHER		
		646.3717	DOUBLER		
		646.3716	GAUGE BRACKET		
		646.3715	DOUBLER		
		646.3714	GUSSET		
		646.3713	GUSSET		
		646.3712	CLIP		
		646.3711	CLIP		
		646.3710	DOUBLER		
PART LIST			APICAL INDUSTRIES		
NEXT ASSY IS:			2609 TEMPLE HEIGHTS DR.		
646.4000			OCEANSIDE CA 92056-3512 (760) 724-5300		
			SHEETMETAL		
			646.3700		
			SCALE: NONE		

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99630



SECTION A-A

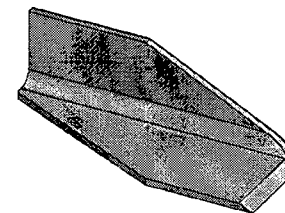
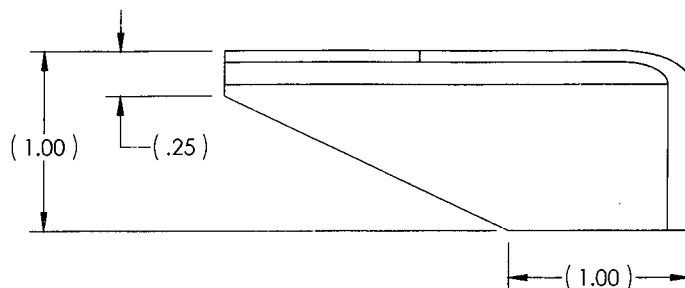


SECTION B-B

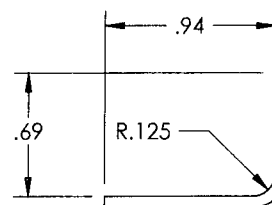
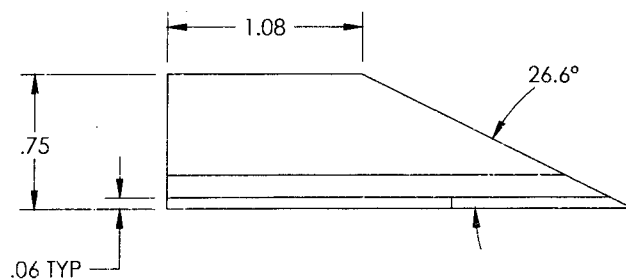
ORIGINAL DATE		APICAL INDUSTRIES	
INQUIRY NO.		2608 TEMPLE HEIGHTS DR.	
DRAWN BY		OCEANSIDE, CA. 92056-3512	
CHECKED BY		(760) 724-5300	
DESIGNED BY		SHEETMETAL	
DATE			
LITERS OTHERWISE SPECIFIED		SHEETMETAL	
DIMENSIONS ARE IN INCHES		SHEETMETAL	
TOLERANCES ARE		SHEETMETAL	
3 PLACE DECIMAL ± 0.01		SHEETMETAL	
ANGLES ± 3°		SHEETMETAL	
SCALE: NONE		SHEET 2 OF 2	

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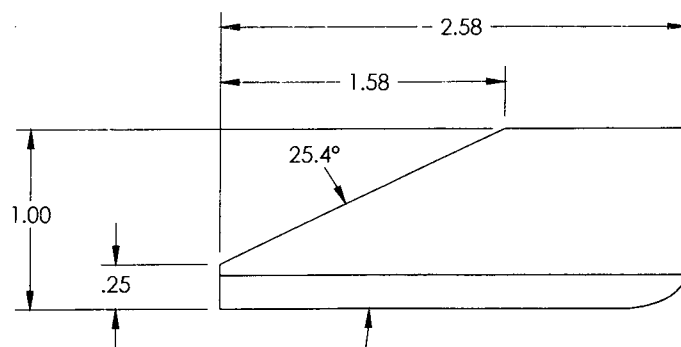
REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



646.3711 SHOWN
646.3712 OPPOSITE

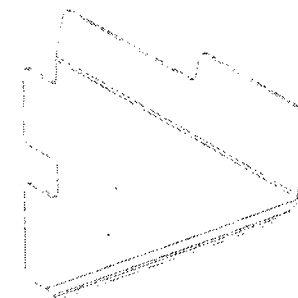
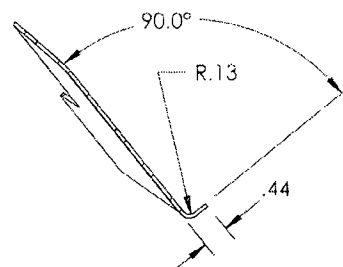


Q9430

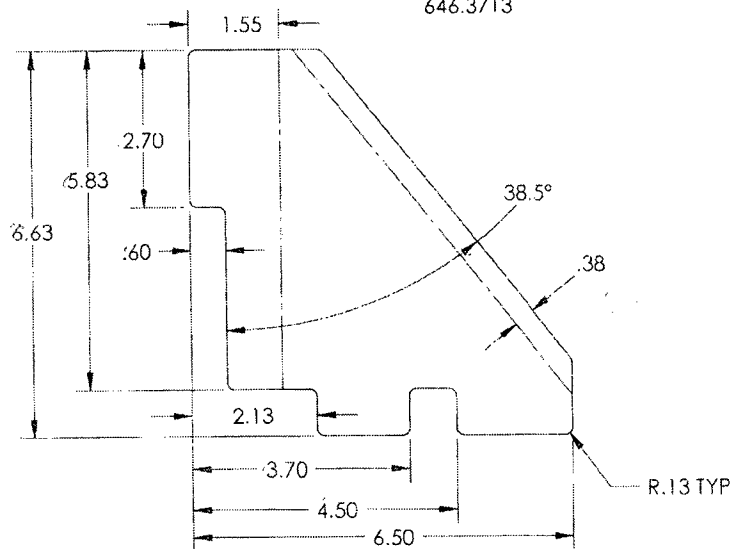
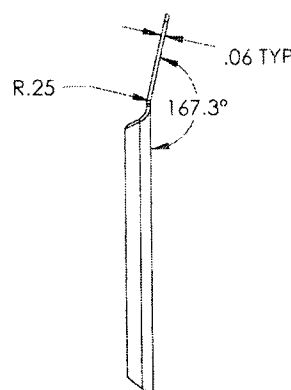
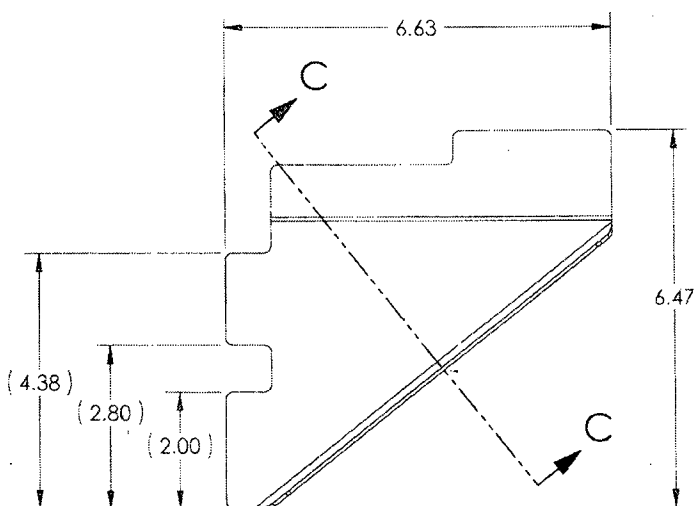


NEXT ASSY (S)	ORIGINAL DATE 08-10-06	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760)724-5300 SHEETMETAL	
	DRAWN BY P. BRAVO		
	CHECKED S. JOSEPH		
	DRAWING APPROVAL S. JOSEPH 06-18-08 CONTRACT NO.		
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ± .01 3 PLACE DECIMALS ± .003 ANGLES ± .5°		SHEET CODE B 07M26	REV A
SCALE: NONE		DWG. NO. 646.3700 SHEET 3 OF 9	

STIMONS			
REV	DESCRIPTION	DATE	SUPPLEMENT



SECTION C-C

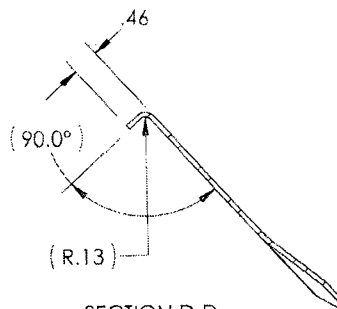


FLAT PATTERN

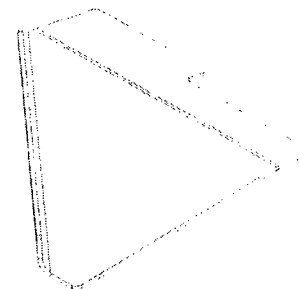
[illegible]

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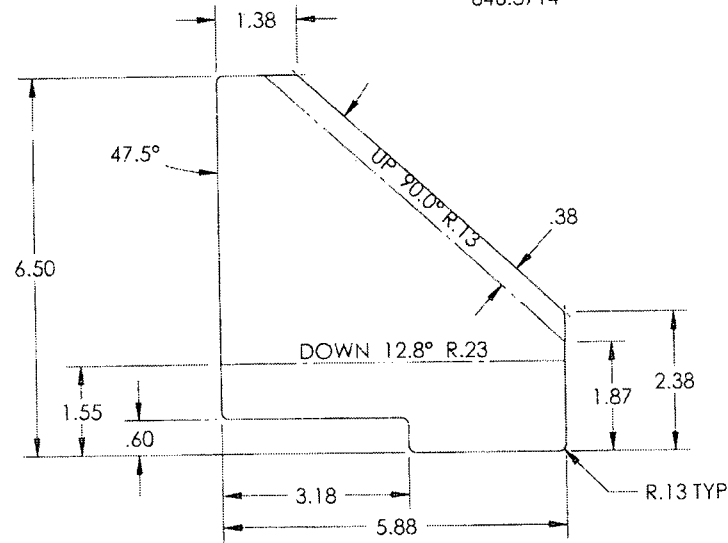
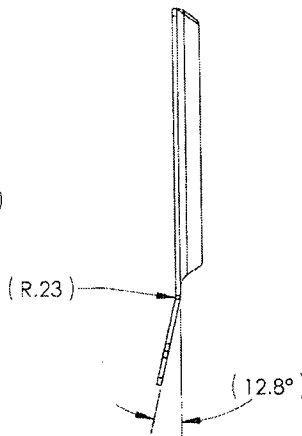
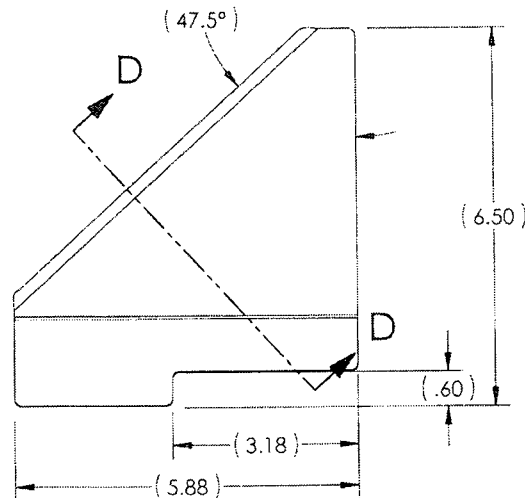
REV	DESCRIPTION	DATE	APPROVED



SECTION D-D



646.3714



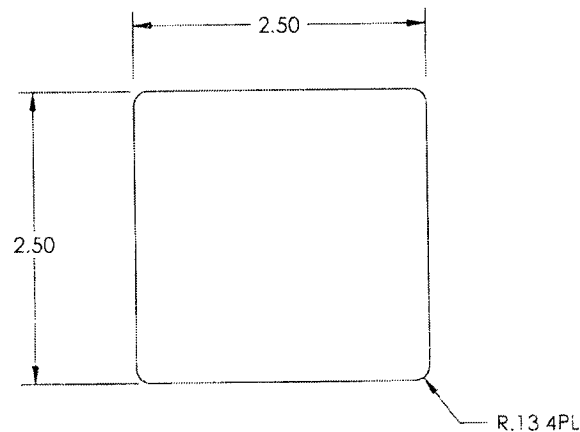
FLAT PATTERN

99630

SPECIAL INSTRUCTIONS: 1. MATERIAL: 304 SS 2. FINISH: POLISHED 3. TOLERANCES: SEE DRAWING 4. PLATING: NONE 5. ANODIZING: NONE 6. PAINT: NONE 7. OTHER: NONE	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300 SHEETMETAL PART NO: 646.3700 SCALE: NONE	SHEET 5 OF 5
---	---	--------------

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THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.

REV	DESCRIPTION	DATE	APPROVED

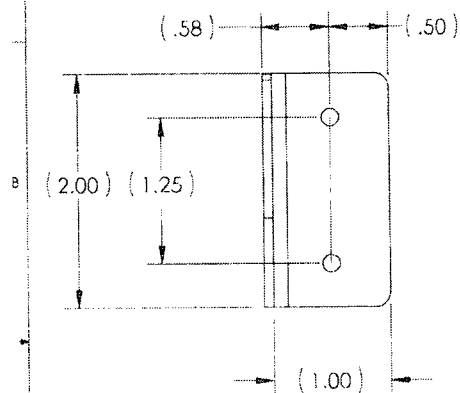


646.3715

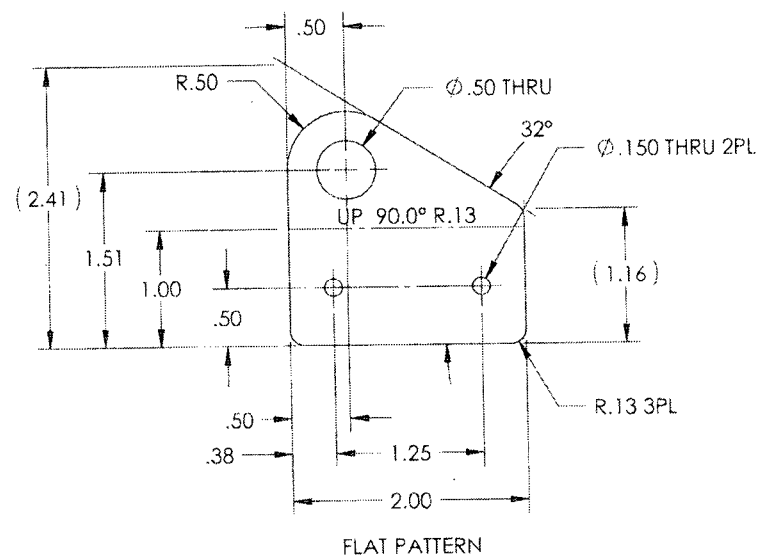
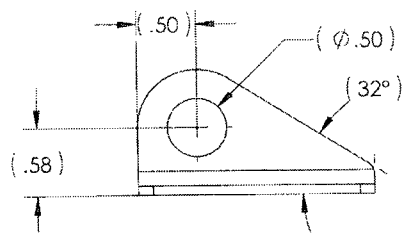
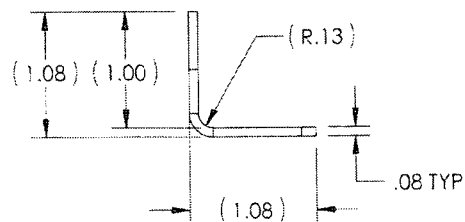
99630

NEXT ASSY IS	ORIGINAL DATE (DAY-MON-YR)	08-18-08	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA, 92056-3512 (760)724-5300		
	DESIGNED BY	ENGINEER			
	DRAWN BY	2. J. J. J.	SHEETMETAL		
	CHECKED BY				
	DATE OF ISSUE		SHEET 6 OF 6		
	DATE OF REV				
	THIS DRAWING IS THE PROPERTY OF APICAL INDUSTRIES. IT IS TO BE USED FOR THE MANUFACTURE OF THE PARTS IDENTIFIED HEREIN. IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES.		W/C CODE	DATE	REV
			B 07/02/08	646.3700	A
SCALE: 1:1			SHEET 6 OF 6		

REASON			
REF	DESCRIPTION	DATE	APPROVED

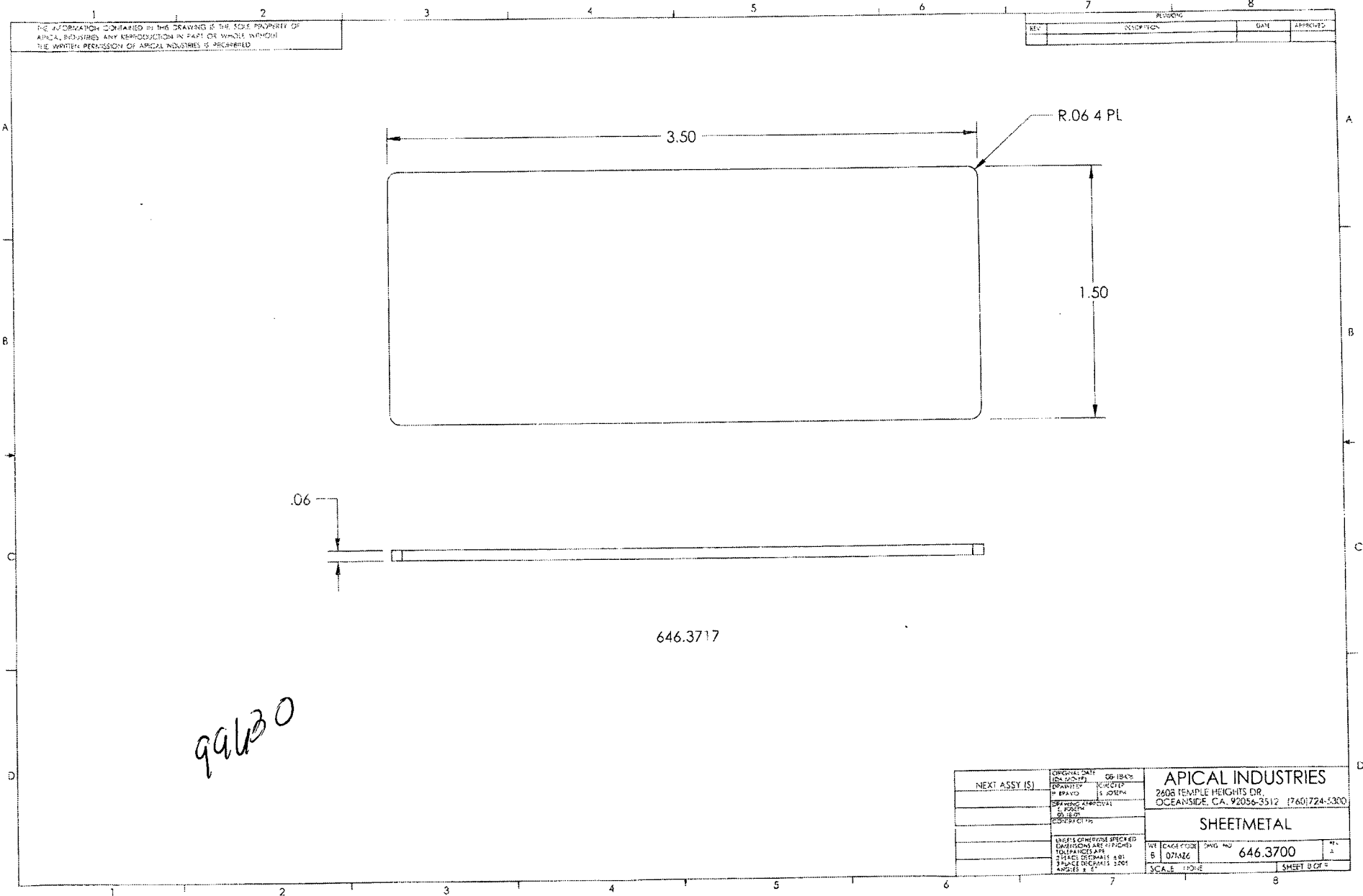


646.3716

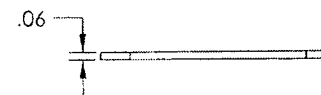
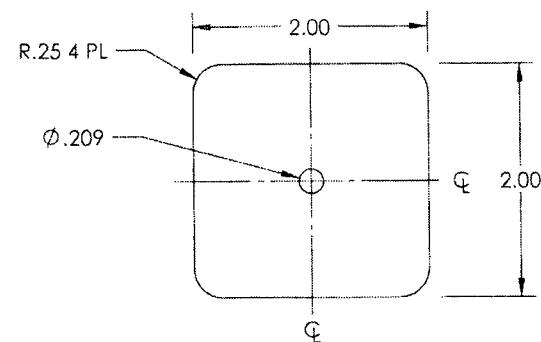


FLAT PATTERN

[illegible]



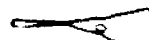
REVISIONS			
REV	DESCRIPTION	DATE	ISSUED BY



646,3719

99630

NEXT ASSY (5)	ORIGINAL DATA (1) (2) (3) (4) (5) 1. J. JOSEPH 2. J. JOSEPH 3. J. JOSEPH 4. J. JOSEPH 5. J. JOSEPH	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR OCEANSIDE, CA 92056-3512 (760) 724-5300	
	1. J. JOSEPH 2. J. JOSEPH 3. J. JOSEPH 4. J. JOSEPH 5. J. JOSEPH	SHEETMETAL	
	1. J. JOSEPH 2. J. JOSEPH 3. J. JOSEPH 4. J. JOSEPH 5. J. JOSEPH	646.3700	
	1. J. JOSEPH 2. J. JOSEPH 3. J. JOSEPH 4. J. JOSEPH 5. J. JOSEPH	SCALE: 1/8"=1'-0"	
	1. J. JOSEPH 2. J. JOSEPH 3. J. JOSEPH 4. J. JOSEPH 5. J. JOSEPH	SHEET METAL	



6

8

0 2

7



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62506

Date: 15-Jul-13

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To


DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms		Ship Via	
Quantity	Description		
1 lot	Part: ASST Rev: 6 PCS D2224 RED ANODIZE MIL-A-8625 TYPE II CLASS 2 1 PC 647.0410 10 PCS 646.3110 20 PCS 646.3712 11 PCS 646.3713 8 PCS 647.9312 30 PCS 647.9313 9 PCS 647.9314 1 PC 647.9317 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 PRIME MIL-P-23377J TYPE I CLASS N Job: 20130436 PO: 20215 Line:		
Certificate of Conformance			
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.			
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY			
DATE: 15/7/13			
CERTIFIED SIGNATURE: 			
RECEIVER SIGNATURE: _____			

